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ABSTRACT

The basic premise under investigation is that systematic intervention in a predictable, natural occurring stress situation for population groups: (1) can promote acquisition of competence and coping skills; and (2) minimize pathological response to stress and eventual need for treatment. This study is an exploration of preadolescent development of 131 sixth grade children made prior to the predictable life stress of entry into adolescence and junior high school. Drawn from a random sample of all children to enter a community junior high school, observations of these children will be recorded on their adolescence and junior high entry and progression for four years. Interventions designed to enhance entry success are being initiated and recorded by project staff and key behavior agents prior and during entry. Plans are underway to replicate the checkup with revisions based on emerging information and with new groups over the next three years. (Author/KJ)

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CRISIS INTERVENTION IN EARLY ADOLESCENCE

First Annual Report

January 1 - December 31, 1969

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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CG 005 652

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Sponsors:

Grantee Institution: South Carolina Department of Mental Health,
William S. Hall, M.D., Commissioner

Co-sponsor: School District #17, Sumter, South Carolina,
L. C. McArthur, Jr., Ed.D., Superintendent

Under a grant from the National Institute of Mental Health
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PREFACE

This demonstration-research project was funded by the National Institute of Mental Health 1 January 1969, and was co-sponsored by the South Carolina Department of Mental Health and Sumter School District #17, Sumter, South Carolina.

The Project sets out to initiate and develop a crisis intervention program which could prevent or reduce behavioral disturbance and social incompetence related to early adolescence. Specifically, the developmental period of focus has been entry into adolescence, and the entry into Junior High/Middle School as a major ecological behavior setting for this age group.

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CRISIS INTERVENTION IN EARLY ADOLESCENCE: The Adolescence Resources Center

I. Identification

A. Purpose

This five-year project was funded 1 January 1969 to develop and initiate a crisis intervention program to study prevention of emotional disturbances and psychosocial incompetence. The critical period to be examined is entry into adolescence and the middle or junior high school years.

B. Goals

1. To explore ways to identify the strengths and vulnerabilities in children prior to their entry into adolescence and junior high school which are saliently related to effective coping with the concerns of early adolescence.

2. To study the junior high/middle schools as major living areas for children in early adolescence and as a system charged with the development of adolescence competency.

3. To design and initiate interventions which assist key behavior agents(e.g., teachers, parents, etc.) to promote the development of new skills or enhance existing strengths which are relevant to effective coping skills in early adolescence and middle school years. The intervention program will focus on:

a. the sixth grade year, during which time skills can be developed and strengths mobilized in children in anticipation of stress factors which come into play at the point of junior high entry; and,

b. on the junior high school years, when the system can develop new procedures and the key behavior agents can develop new skills to help the vulnerable child experience stress as a growth process, rather than as debilitating trauma.

The effects of interventions will be studied using a variety of operational research methods. Interventions which are effective will be tested for applicability in additional school systems with different population and systems characteristics(e.g., middle schools).

II. Program Development

A. Staff

1. Principal Investigator: Racine D. Brown, Community Mental Health Services, South Carolina Department of Mental Health, Columbia; active in mental health program development, research, former Principal Investigator of the Sumter Child Study Project.*

2. Director: M. R. Newton, former Director of Sumter Child Study Project; First Marine Division Psychologist(Korean War); active interest in child development, psychological ecology, and community mental health.

3. Interventionists:
   a. Atha J. Cooper, MSW, ARC Program Director; former Chief Child and Adolescent Unit, Columbia Area Mental Health Center; Consultant, Sumter Child Study Project.
   b. Nell Rees Dabbs, MSW, ARC Director Local Resources; Interventionist with Sumter Child Study Project; Social Work Director with Title III (FL89-10) Preschool Demonstration Center.

4. Secretary:
   a. Mrs. Julia W. Bowen, formerly with Sumter Child Study Project; unusual skill in office management, and knowledge of local resources.
   b. Mrs. Catherine Campbell, Secretary; experienced in school secretarial work.

5. Mrs. Dotsy Felder, Research Assistant and supervisor of student aides; Home Visitor for Sumter Child Study Project; elementary teacher.

6. It is recognized that the Project is heavily dependent on the active interest and effort of the Sumter Schools, especially elementary and junior high school principals, guidance staff, teachers, Superintendent and Business Manager, Teacher Corps; as well as parents, volunteers, and those other dedicated persons who care for people.

7. The South Carolina Department of Mental Health has provided the administrative support and professional resources crucial for ARC operation, especially the leadership of Raymond E. Ackerman, M.D., Deputy Commissioner for Community Mental Health Services, and Mrs. Betty Harkins, for clerical management of Project affairs.

*Sumter Child Study Project was a five-year study of crisis intervention at school entry. Winner of the Gold Medal Award given in 1967 by the American Psychiatric Association as the best new program in the nation.

8. For Project development and utilization, an Advisory Council was selected to meet quarterly at the South Carolina Department of Mental Health. Council members were carefully chosen from state agencies and organizations with public responsibility for adolescents. Invited to serve for one year, another member of their staff will be selected to follow them on the Council for the next year. The intent is to make maximum use of mutual resources to develop as much relevance and utilization of the Project as possible.

   The first Advisory Council met 10 September 1969 for an introduction to the Project, clarification of member role, and discussion. The Developmental Checkup was presented for discussion in the second meeting held 3 December.

   The interaction between members of the Advisory Council and Center staff has proven to be a great asset in the overall development of the Project. The ideas and knowledge of the Council members incorporated a variety of issues and resources which has proven to be invaluable in this first year. Their influence should greatly enhance future utilization.

B. Consultation

   The most valuable consultation to the Project has been those community caretakers directly responsible for the acquisition of competence for this age group. The teachers, parents, friends, neighbors, and community professionals who have acquired the insight and wisdom that can only come from living, caring, and perspective. A basic operation of the Project has been to record this resource systematically.

   In addition to regular staff consultants, it has been valuable to have assistance from the fields of crisis intervention, anthropology, education, human development, and sociology.

   Developmental interviews with adolescents about their own growth and development have proven to be most useful. Some adolescents were referred to the Center as "cases," others were selected because of representative adolescent behavior and in order to learn more about adolescent leaders in the community.

C. Housing

   Most appropriate quarters have been made available by Sumter School District #17 in a remodeled house adjacent to the junior high school of basic research focus, three blocks from "Main Street" and in easy access to public and private transportation.

D. Staff Activities

1. Focus

a. Orientation of staff, community, and state

b. Identification of existing adolescence resources and establishment of working relationships

c. Exploration of relevant procedures and instruments for identification of needs and strengths for optimal adolescence and junior high school entry

d. Exploration of the major living areas of 6th grade and junior high in local and contrasting schools (e.g., upper/lower part of state, rural/urban, upper/lower social class, etc.)

e. Exploration of interventions to promote optimal adolescence entry

f. Planning

2. Presentations by ARC Staff to Groups: 89 total

a. Out of State: 13; examples are listed below

Conference on Child Services, City of Indianapolis(Mayor, Schools, Medical Services, etc.)
West Georgia State College Workshop for School Superintendents
Brunswick, Georgia Mental Health Association Workshop
Southern Baptist Minister's Workshop, Nashville, Tennessee
National Association of Secondary School Administrators, San Francisco, California (Middle School-Junior High Group)
Tennessee Department of Mental Health Workshop for Institution and Mental Health Center Staff
National Education Association, Washington, D. C.(Dr. Lloyd Trump & middle/junior high school leaders)
American Orthopsychiatric Association(day-long presentation on screening and evaluation)
Inter-University Forum on Community Psychiatry, Duke University (15 states)
Chatham Mental Health Association, Annual Meeting address, Savannah, Georgia
Alabama Department of Mental Health, Montgomery, Alabama
Advisory Council Social Work Research Center, University of Georgia, Athens, Georgia

b. In-state Presentations: 30. Some examples are listed below.

ARC Advisory Council, Columbia, S. C.
S. C. Mental Health Association (3 presentations)
Executive Advisory Committee for Title VI FL 89-10, S. C. Department of Education (3 presentations)
Governor's Conference on Handicapped Children (3 presentations)
Columbia Area Reading Council
Junior High and Elementary Schools site visits and faculty presentations (to explore various school patterns and settings; 6 presentations)
South Carolina Nurses Association (2 presentations)
South Carolina Department of Education, State Guidance Workshop
Winthrop College Special Education Program for Emotionally Handicapped Children (teacher training)
South Carolina School Nurses

c. Local Presentations: 85. Local support was built upon success and field work with previous Sumter Child Study Project. Some examples are listed below.

Presentations before total school staffs (elementary and junior high) 12
Total school system staff (400): 1 presentation
Council for Exceptional Children
Sumter County Retarded Children's Association
Sumter County Mental Health Association
Sumter-Clarendon Medical Society
Churches: 3 presentations
Civic Clubs (Rotary, etc.): 3 presentations
Graduate Seminar "Psychology of Mental Retardation" (ARC staff 15 presentations) sponsored by Winthrop College and Sumter School District #17 in 3-week period
Semester Seminar "Psychology of Adolescents" presented by ARC staff, 15 sessions sponsored by the University of South Carolina and Sumter School District #17, for elementary and junior high principals and supervisors of School District #17.
Nursing resources of Sumter County, representative of all nurses in area
Mental retardation resources (representative of all relevant persons involved with mental retardation)
PTA: 4 presentations
YMCA, YWCA, Teacher Corps, Scouts, Mental Health Center Board

3. Intervention Contacts: 1,910 person contacts

These contacts typically were scheduled appointments or site consultations in a laundromat, most often in a home, a school, or ARC office. Examples of these contacts are listed below.

a. 256 child contacts (evaluation, crisis intervention, etc.)

b. 382 key behavior agent contacts (parent, teacher, physician of child, etc.)

c. 271 system behavior agent contacts (administrators or program directors of social systems affecting the development of adolescents: focus on system resources rather than on a particular child.

d. 131 children and 131 parents or guardian (about 10% both parents) in the Developmental Checkup, September 23-October 3. Five teams of temporary staff were utilized for two weeks for this activity.

e. 131 followup appointments by ARC staff with parents to provide feedback and initiate intervention program developed by checkup.

4. Planned Activities

a. Further exploration of community and regional resources for optimal adolescent development.

b. Crisis intervention and training approaches for system agents, e.g., nurses of community, physicians, ministers, etc.

c. Systematic study and exploration of interventions for the first sample of 131 sixth grade students and their parents drawn at random from all children entering the representative junior high school of the community.

d. Refinement of identification techniques for the second Developmental Checkup, planned for fall of 1970.

e. Cooperating with research committee from leaders in the middle/junior high section of the National Education Association, coordinated by Dr. Lloyd Trump, Associate Director of the NEA.

f. Use of video tape-recorder for exploration of greater utilization and dissemination of Project information.

III. Developmental Checkup

A. Purpose

1. A general, developmental assessment of psycho-social development of sixth grade children prior to entry into adolescence and junior high.

2. A summation of needs and strengths of preadolescents whereby interventions can be recognized or designed to enhance acquisition of coping skills necessary for making it in adolescence and junior high school.

3. A prediction of ability to "make-it" in adolescence and junior high (1-high, 2-typical, 3-weak, 4-trouble).

4. Development of a model which could be utilized by mental health and non-mental health professionals focusing on prevention rather than treatment after failure.

5. A checkup which can be refined and reevaluated through repetition over four years and by following closely the actual entry of a representative sample of children into adolescence and junior high school.

B. Preparation

1. Intensive exploration of various procedures and instruments in the field such as the research of Gardner and Moriarity published in "Personality Development at Preadolescence" (Menninger Group), Samuel Popper in "The American Middle School" and through consultation with experienced professionals in community research, e.g., Dr. Norman Polansky (University of Georgia School of Social Work), Dr. Thomas Curtis of State University of New York at Albany; ARC has been fortunate to receive excellent consultative assistance from Regional office of NIMH, especially Miss Elsye McKeown; Dr. Lloyd Trump, Assoc. Director of Secondary Education, NEA; and correspondence with many others, including Dr. Margaret Mead, Dr. Carl Bramlette of Southern Regional Education Board and currently with Georgia State College (Atlanta, Ga.); use of M. J. Senn's (Yale Child Study Center) Developmental Schema chart for early adolescence and puberty.

2. Experimentation by ARC staff with various screening instruments in the community led to further refinement.

3. The temporary ARC staff addition was selected from a wide variety of community helping agencies and rich child development professional experiences, e.g., a director of social agencies of Columbia, S. C.; psychologist in private practice with school and community experience (Brunswick, Georgia), Chief of Child and Adolescent Unit, Columbia Mental Health Center, director of a special community public health project in a large urban area, the director of small town mental health center,

Consultation with relevant local community groups such as Mental Health Center, The Department of Public Welfare, OEO, Health Department, schools, law enforcement officials, and local physicians, led to further revision.

C. Selected Sample

1. Random sample of each sixth grade classroom of the five elementary schools predicted to enter the selected junior high school in the fall of 1970.

   a. 50.8% males, 49.2% females
   b. Represented the economic and cultural range of the community
   c. Samples drawn from all school groupings, including special education and accelerated groups
   d. Of special interest was the fact that 22% of the sample had been in the original Sumter Child Study Project and were evaluated at school entry by similar instruments five and one-half years ago.

2. Excellent participation on a volunteer, school-request basis occurred.

   131 out of 164 parents contacted both accepted and were seen in the Checkup (74%); only 8 percent of the parents contacted refused; 18 percent were unavailable due to moves, illness and emergencies.

   a. Statistics on selection: failed to take offered appointments
      (1) 6% could not make contact or expressed disinterest
      (2) 6.6% could not accept: emergencies and illness, but wanted to participate
   b. Statistics on Checkup appointments: 131 seen
      (1) 4% no show
      (2) 6% had to cancel due to emergencies, illness, moves

D. Developmental Checkup: Instruments and Procedure

Parents and children were seen in the school where the child attends sixth grade. The Checkup was conducted September 23-October 3.

1. Child Group Observation: Checkup Team(Social Worker and Psychologist)
   a. Each Checkup day began with a meeting between team and the four children to be seen individually that day. This meeting was structured to include:
      (1) orientation of participants
      (2) building relationships
      (3) activities which could yield data on group coping skills and task behavior
      (4) cues which could be followed-up in individual interviews
      (5) summations by Team and by child and his peers in this group

2. Parent Interview & Summary: social worker

3. Child Individual Interview and Evaluation & Summary: psychologist

4. Team Summary: psychologist and social worker

5. Team and Consultant Conference

   a. Purpose
      (1) Evaluation and integration of data
      (2) Questions to raise in future ARC staff contacts
      (3) Design of interventions for child, home, school, community
      (4) Critique of instruments for future revision
   b. Consultants were selected for knowledge of local resources as well as professional competence and included a child's teacher or principal, ARC staff, child psychiatrist, nurse, pediatrician, research assistant, etc.

6. Followup Appointment held with each child's parent(s) conducted by regular ARC staff

   a. Feedback of Developmental Checkup
   b. Establish relationship between ARC and parent
   c. Initiate program of interventions with key community agents on behalf of child
   d. 131 completed (for each child seen), typically at child's school, at home, and occasionally at parents' place of employment

7. ARC initiated interventions outlined for child, school, home, and community designed by Checkup.

8. State Advisory Group to assess, evaluate and seek greater utilization from the Checkup to meet state programming needs on behalf of adolescents.

IV. Evaluation

In a simple view of the natural ecology in which adolescence entry occurs, it is clear that children have varying degrees of entry success. The Project is attempting to systematically record how this entry occurs for a representative sample and how it is possible to intervene to enhance entry success.

Major emphasis in this first year has been on exploration, development of possible instruments, and development of criteria for measuring or at least evaluating successful entry.

A. Developmental Checkup Evaluation

1. The validity of the Checkup will be the degree of usefulness it provides to:

   a. assess preadolescent development
   b. predict needs for successful entry
   c. recognize and develop interventions to meet these needs on at least four levels:
      (1) individual child
      (2) home
      (3) school and community (e.g., new programs for children defective in interpersonal skills)
      (4) public (e.g., ARC Advisory Council member initiates new state program in preadolescent foster home care)

2. The Checkup will be revised and replicated for four years; the 131 children involved in the sixth grade Checkup in the fall of 1969 will be followed through adolescent and junior high school entry for four years; the Checkup group see in fall 1970, followed for three years, the next group for two years, etc.

   a. This procedure will allow opportunities to evaluate the effectiveness of the Checkup and intervention activities from a broad developmental perspective.
   b. Each Checkup child will have a folder containing Checkup information, all known interventions, and other observations, in order to view historically what issues arise, special vulnerabilities which can be predicted or emerge, and outcome.
   c. All interventions will be evaluated within two months as to outcome; system or community interventions will be described as much as possible as to process and outcome.

B. Criteria for successful entry into adolescence and junior high entry or "making it," are being tested at the time of this writing. Possible criteria include such avenues as school achievement, teacher perceptions, analysis of school records, student self-predictions, and others.

C. Several steps have been taken to test the validity of interventions in behavior settings which appear to differ from the Sumter community.

1. Negotiations are underway to explore the middle school as an alternative for adolescence entry

   a. On a state and national level
      (1) S. C. Department of Education
      (2) National Education Association (Dr. Lloyd Trump)
   b. Consultation, e.g., Dr. Samuel H. Popper
   c. A particular middle school 45 miles from Sumter where close collaboration appears possible.

2. Exploration of the effectiveness of interventions developed in Sumter in sixth grades and junior high schools with different geographic and population characteristics.

   a. A rural South Carolina school
   b. A highly urban, "big-city" school

V. Future Planning

A. No basic changes are anticipated in the original planning of the Project nor in the planning described in this first annual report.

B. Several promising avenues are creating special interest.

1. Video-tape recorder as an intervention and as a record of interventions.
2. Activities to enhance deficient interpersonal skills for vulnerable children identified in sixth grade prior to junior high school entry.
3. Specialized in-service education programs for enhancement of key behavior agents responsible for adolescent development.
4. The identification of those techniques which permit the use of natural occurring stress to acquire competence, rather than avoidance or pathological response requiring eventual treatment programs.

C. The stimulation and interaction between ARC staff and the State Advisory Council has beem most valuable in the development of planning which should provide greater relevance and utilization of the Project.

VI. Summary

The basic premise under investigation:
(1) systematic intervention in a predictable, natural occurring stress (crisis) situation for population groups
(2) can promote acquisition of competence and coping skills
(3) minimize pathological response to stress and eventual need for treatment.

This study is an exploration of preadolescent development of 131 sixth grade children made prior to the predictable life stress of entry into adolescence and junior high school.

Drawn from a random sample of all children to enter a community junior high school, observations of these children will be recorded on their adolescence and junior high entry and progression for four years. Interventions designed to enhance entry success are being initiated and recorded by Project staff and key behavior agents (e.g., parents, teachers and other community caretakers, etc.) prior to and during entry.

Plans are underway to replicate the Checkup with revisions based on emerging information, with new groups over the next three years. These groups will also be followed and recordings made of interventions and outcome for the duration of the Project.

Interventions are defined as any activity designed to promote acquisition of coping skills required for entry success, not only for the preadolescent, but for those persons who influence his behavior at this critical stage. Planning has been initiated to test successful interventions in a middle school pattern and in junior high schools which represent different geographic and population characteristics.

Interventions occur on at least four levels:
(1) individual child (e.g., counseling, etc.)
(2) home (e.g., crisis intervention family interview)
(3) school and community (e.g., school system consultation to initiate new curriculum program for vulnerable children)
(4) public (e.g., ARC State Advisory Council)

The preparation of this annual report demonstrates that much has been accomplished in the first year and much remains to be achieved in the remaining four years.

Appendix A
ADOLESCENCE ADVISORY COUNCIL

ARC Advisory Council:

1. Robert Bell, M.D., Chief Child Psychiatrist
   William S. Hall Psychiatric Institute

2. Miss Mary Calvert
   Department of Sociology and Anthropology
   University of S. C.

3. Mr. Cecil H. Camlin, Jr., Director
   S. C. Mental Health Association

4. Dr. Owens Corder, Chief Supervisor
   Exceptional Children Section
   S. C. Department of Education

5. Mrs. Virginia Craig, Supervisor
   Elementary Guidance
   S. C. Department of Education

6. Mr. Henry Hollingsworth, Sr., Director
   Adjunct Education
   S. C. State Department of Education (formerly Chief of Secondary Education)

7. Mr. H. S. Howie, Jr., Superintendent
   Episcopal Church Home for Children

8. Miss Ruth McCall, Director
   Social Work Services
   S. C. State Board of Health

9. Mr. William J. McCord, Director
   S. C. Commission on Alcoholism

10. Jack Padgett, M.D., Chief
    Bureau of Maternal and Child Health
    S. C. State Board of Health

11. Miss Barbara Ann Pope, Assoc. Professor of Social Work
    School of Social Work, University of S. C.

12. Mrs. Deborah M. Southerlin, Chief
    Child Welfare Services
    S. C. Department of Public Welfare

13. Roy B. Suber, M.D., Superintendent
Whitten Village, Clinton, S. C.
(State Institution for Retarded Children)

14. Miss Caroline Schiffley, Principal
A.D. Moore Elementary School, Columbia, S. C.
(Chairman S. C. Mental Health Assoc. Committee Evaluation
Disturbed Children)

15. Judge J. McNary Spigner
The Family Court of Richland County
Richland County Court House

16. Ralph Tindall, Ph.D.
Special Services Division
Columbia Public Schools; (also) Director School of Psychology,
University of S. C.

Appendix B

RELEVANCE OF THE JOINT COMMISSION ON CHILD MENTAL HEALTH STUDY AND THE ADOLESCENCE RESOURCES CENTER RESEARCH PROJECT

A. Identification of the Joint Commission's Report
   1. Digest of a much more complete study is available, "Crisis of Child Mental Health: Challenge for the 1970's"
      a. published fall 1969
      b. from the Joint Commission on Mental Health of Children 1700 18th Street, N.W., Washington, D.C. 20009
   2. Content: This summation of a more comprehensive, three-year study by the Joint Commission, was developed by a staff enlisting over 500 of the country's leading authorities on early childhood, adolescence, and the young adult.
   3. Innovation: The study is a social and clinical document, giving equal priority to recommendations of both a preventive and remedial nature, with a focus on child development; treatment becomes but one aspect of need.

B. Similarities between ARC and the Joint Commission Report
   1. Emphasis on a comprehensive, child-development approach
   2. Emphasis on crisis:
      a. of the mental health needs of children
      b. of crisis intervention as a basic approach for training; also for therapeutic management of resources for interventions to promote competence as an alternative to pathology
   3. A social and clinical approach
      a. priority given to prevention and remediation
      b. development of services and programs in child rearing, "our largest industry"
   4. Care of emotionally disturbed children in the United States since 1930 has not improved, has worsened; our data suggests this also;
      a. "We blind ourselves to the fact that we create most of the social problems of our young we so deplore,"
         (1) infants who fail to thrive
         (2) seriously disturbed children in mental institutions
         (3) adolescent drug addiction
         (4) acts of violence and destruction by youth
      b. -from our lack of local, state, and national commitment to youth, with some mechanism for comprehensive decision-making, establishing priorities, and management of services delivery.
      c. -those who are the most helpless, are the most neglected in our society.
   5. Broad range of services beyond treatment is required:
      a. information-referral resources
      b. comprehensive developmental and psycho-educational assessment
      c. development of special education programs
      d. transitional services
      e. relief services for families of seriously ill children
      f. crisis intervention

6. Emphasis on the preschool child: Sumter Child Study Project was a predecessor of Adolescence Resources Center and winner of the 1967 American Psychiatric Association's award as best new program in the nation.
7. The school as a consistent mental health base: especially the middle school years.
   a. education goals focused on developmental processes of childhood
   b. maximum use of the peer group
   c. education innovations to reach what are basically mutual education and mental health goals
8. Involvement of adolescents in coping with social problems in order to develop greater civic responsibility and skills; gratification of their need for significance through positive attention experiences.
9. Research
   a. principles of research stressed: 5 out of 10 recommendations underlie ARC approach:
      (1) optimal research climate: involvement of community and state.
      (2) basic and applied essential
      (3) multi-disciplinary collaboration (ARC "all participants")
      (4) techniques for retrieval and use of information
      (5) longitudinal studies (9 years of study of a child will be available from ARC)
   b. specific areas: 4 out of 6 recommendations underlie ARC approach
      (1) longitudinal studies
      (2) therapeutic interventions
      (3) comparison studies of effectiveness of various kinds of intervention procedures
      (4) assessment procedures

Appendix C: Available Materials and Address

There are a limited supply of materials now available which include Developmental Checkup instruments (and procedure), the original Project Description, and some preliminary research data.

Also available are limited copies of material developed by the Sumter Child Study Project on crisis intervention at school entry.

For further information contact:

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Sumter, South Carolina 29150

or,

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